


CERT 2392281530

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">558964</span>			
<b>1. Corporation Name</b> <span style="font-size: 1.2em;">TELECONTROL INC</span> <span style="font-size: 1.2em;">9300 E. Heather LN, Miramar, FL 33025</span>			
Principal Place of Business		Mailing Address	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>	Suite, Apt. #, etc	<b>26</b>	Suite, Apt. #, etc
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Zip
<b>24</b>	Country	<b>29</b>	Country
<b>3. Date Incorporated or Qualified</b>		<b>3a. Date of Last Report</b>	
<span style="font-size: 1.2em;">6.12.1991</span>		<span style="font-size: 1.2em;">1995</span>	
<b>4. FEI Number</b>		Applied For	
<span style="font-size: 1.2em;">65-0272740</span>		<input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
		<b>81 Name</b>	
		<span style="font-size: 1.2em;">Philip SBrolla, JR</span>	
		<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
		<span style="font-size: 1.2em;">255 Alhambra Cir St 630</span>	
		<b>83</b>	
		<b>84 City</b>	
		<span style="font-size: 1.2em;">Coral Gables</span>	
		<b>FL</b>	
		<b>85 Zip Code</b>	
		<span style="font-size: 1.2em;">33134</span>	
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.</b>			
SIGNATURE <span style="font-size: 1.2em;">Philip A Sbrrolla Jr</span>		DATE <span style="font-size: 1.2em;">9/8/96</span>	
Signature typed over printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>11 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>12 NAME</b>	
<b>STREET ADDRESS</b>		<b>13 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>14 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>21 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>22 NAME</b>	
<b>STREET ADDRESS</b>		<b>23 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>24 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>31 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>32 NAME</b>	
<b>STREET ADDRESS</b>		<b>33 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>34 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>41 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>42 NAME</b>	
<b>STREET ADDRESS</b>		<b>43 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>44 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>51 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>52 NAME</b>	
<b>STREET ADDRESS</b>		<b>53 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>54 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>61 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>62 NAME</b>	
<b>STREET ADDRESS</b>		<b>63 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>64 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. PRESIDENT</b> <b>Karen S. Benvenuti</b> <b>9300 E. Heather LN</b> <b>MIRAMAR, FL 33025</b>		<b>600001923046</b> <b>-08/15/96--01030--040</b> <b>***225.00</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address**

**SIGNATURE:** Karen S Benvenuti pres. 7/19/96 3055973453

(158/15/196)

CR2E034 (3/96)